SAINT BARTHOLOMEW'S HOSPITAL JOURNAL



JULY, 1939

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HOSPITAL JOURNAL

Vol. XLVI.-No. 10

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JULY 1st. 1939

PRICE NINEPENCE

CALENDAR

Mon., July 3.—Opening of Art Exhibition in the Great Hall. Tues., ,, 4.—Dr. Evans and Sir Girling Ball on duty.

Wed., ,, 5.-Opening of the Hospital Fair.

Fri., ,, 7.—Prof. Christie and Prof. Paterson Ross on duty. Sat., ,, 8.—Cricket: v. Shoeburyness. 11.30. Away.

Tues., ,, 11.—Dr. Chandler and Mr. Roberts on duty.

Wed., "12.—Cricket: v. St. Ann's. 11.0. Away. Thurs., "13.—Dr. Graham and Mr. Wilson on duty.

Last day for receiving letters for the August issue of the Journal.

Sat., July 15.-Cricket: v. Old Leysians. 2.30. Home. Last day for receiving other matter for the August issue of the Journal.

Tues., ,, 18.-Dr. Evans and Sir Girling Ball on duty.

,, 21.-Prof. Christie and Prof. Paterson Ross on duty.

" 22.—Cricket: v. Nore Command. 11.30. Away.

Tues., ,, 25.-Dr. Chandler and Mr. Roberts on duty.

Fri., ,, 28.—Dr. Graham and Mr. Wilson on duty.

" 29.—Cricket: v. Lewes Priory. 11.30. Away.

ABORTION REPORT

"Nothing is more unpleasant than a virtuous person with a mean mind"

N May, 1937, an inter-departmental committee was appointed "to inquire into the prevalence of abortion and the law relating thereto, and to consider what steps can be taken by more effective enforcement of the law or otherwise to secure the reduction of maternal mortality and morbidity arising from this cause". Its report has recently been issued and should be read in full. Here it is only possible to summarize very briefly a few of its more important conclusions.

The Prevalence of Abortion

The Committee considers the B.M.A. estimate that 16 to 20 per cent. of all pregnancies end in abortion is a near approach to the true figure, which would mean that the number of abortions in each of the last five years must have been between 110,000 and 150,000. Almost all abortions are either spontaneous or criminal, therapeutic abortions being so few that they are not a factor of numerical importance. The impression of the Committee is that at

the present time perhaps 40 per cent. of all abortions are due to criminal interference. In other words, one out of every five or six pregnancies end in abortion, and one out of twelve in criminal abortion. (In addition to this, of course, there are many unsuccessfully attempted.) There is no evidence of an increase in the frequency of abortion in recent years, but the Committee accepts the doubtful opinion that the frequency of spontaneous abortion has decreased, while that of criminal abortion has correspondingly

Statistics are, for obvious reasons, almost nonexistent, and when available are extremely unreliable. But the impressions of the Committee would probably be accepted as reasonable by most authorities.

The Maternal Mortality and Morbidity

It is even more difficult to estimate the frequency with which the various types of abortion are followed by ill-health or disability, since, in addition to other

obscurities it is impossible in the majority of cases to decide by clinical examination whether an abortion is spontaneous or induced. But it is estimated that roughly between ·3 and ·4% of the total number of cases of abortion cause death. In other words, the average risk of mortality from abortion differs little, if at all, from that of a pregnancy which does not end in abortion. It is reasonable to assume that the majority of these deaths are due to criminal interference, and that the death-rate in such cases is at least double the death-rate in all cases of abortion. The vast majority of deaths are due to the conditions under which the operation is performed. It is agreed that the death-rate from abortions performed by medical practitioners in aseptic hospital conditions on healthy women in the first three months of pregnancy would be negligible. Indeed experience in the Soviet Union suggests that in such circumstances the proportion of deaths might be as low as one in ten thousand. The Committee considers, however, "that, in whatever conditions the abortion is procured, there is considerable danger that the operation may be attended by some form of morbidity in the near or remote future". It states, on the basis of some Soviet evidence of doubtful value and the testimony of "eminent obstetricians and gynæcologists of this country "that serious pelvic disturbances, endocrine dysfunctions, sterility and ectopic pregnancy are among the likely complications of artificially induced abortion, even under the most favourable conditions.

The Committee contained five doctors, including Sir Comyns Berkeley, and considered the evidence of many more. Yet we believe that it has given a false picture of the medical dangers of abortion. It is no doubt true that "it is clearly established that in no circumstances is any abortion free from risk to life and health", but this statement is also true of all other operations performed under a general anæsthetic. It would have been more candid and more helpful to the general public to try to assess the danger of abortion in terms of the risks of operations of equivalent seriousness, where no legal or ethical considerations are involved.

The Motives for Criminal Abortion

The Committee found that there was an overwhelming body of evidence that an economic reason is the predominant cause for the resort to abortion. Other reasons mentioned are rape, incest, the fear of transmitting disease, and the fear of illegitimacy. But, as Mrs. Thurtle says in her very valuable minority report, there is one important and significant omission from this list—a high degree of fertility. "I believe this is the fundamental cause, and unless this aspect of the problem is considered honestly and courageously, no great improvement is

likely in the conditions the Committee was set up to consider. The economic reasons set out by my colleagues are a secondary motive, but none the less powerful. Until the knowledge of contraceptives is made available, the great majority of healthy fertile women in this country can only control the size of their families by resort to the abortionist. If they were to let nature take its course in married life they would run the risk of a pregnancy every year or two from the time of marriage to the menopause."

Birth Control and Abortion

Most of those who use contraceptives buy them from chemists or other commercial firms which give no detailed instructions in their use. The main sources from which instruction may be obtained are (1) general practitioners, (2) voluntary clinics which are only available in a few areas, and (3) municipal clinics which are allowed to give contraceptive advice to married women, but only in those cases where pregnancy would be detrimental to health (about two-thirds only of all municipal clinics have availed themselves of these powers). Committee is opposed to municipal clinics being permitted to give this advice on other than medical grounds. Two reasons are given for this decision: that the tendency of the birth-rate to decline might be accentuated, and that "it would tend to lower the traditional and accepted standards of sexual morality in this country ". Only two signatories of the majority report dissent. They recommend that advice be given for economic reasons: "The great importance of the population question should not be allowed to override all other considerations. It is a matter of national importance that families should be able to live in reasonable comfort and give their children a reasonable start in life." Mrs. Thurtle, who recommends that advice be given to any married woman who desires it, says: measures of social and economic amelioration do not alleviate the problem of high natural fertility. Few woman in these days desire to spend the most active years of their lives entirely in child-bearing, and it is generally true to say that their husbands do not desire this either. I submit that this is reasonable and legitimate". An additional benefit of being able to control the size of the family that "is not always appreciated, but is very important is the improvement in family happiness due to the removal of the constant fear of pregnancy, a fear that frequently causes difficulties to arise between husband and wife". She points out truly that the refusal to extend birth control facilities is "in operation a form of class discrimination and penalization. Women in other walks of life are, it is said, refusing to bear their share of maintaining the population. Therefore, the implicit argument runs,

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these other women must be kept without birthcontrol knowledge in order that, whether they wish it or not, they may continue to bear more than their share of that burden."

Lawful Abortion

It is recommended that the law be amended to make it unmistakably clear that it is lawful for a medical practitioner to induce abortion if he is satisfied that continuance of the pregnancy is likely to endanger the life or seriously impair the health of the woman, but that in every case of therapeutic abortion a doctor must first have consulted and obtained the approval-based upon a personal examination of the patient—of at least one colleague. It is also recommended that it should be compulsory to notify all therapeutic abortions to the local authorities within 48 hours, and that these records should be available to the police on request. A mischievous suggestion that it should be compulsory for a doctor to notify all cases of abortion, of whatever kind, which came under his care was rejected by a small majority.

Abortion for Non-Medical Reasons

The Committee is strongly opposed to abortion being made legal for social or economic reasons. "We regard such proposals as contrary to religious and ethical teaching and to fundamental principles on which society is based. . . . The teaching of Christian religion and ethics that the individual life is sacred is one of the main principles on which social life rests." The Committee regards the embryo as an individual life, and a large minority states that abortion however early it may be carried out-should be felt no less repugnant than child-murder. The noncommittee mind may find more common sense in Mrs. Thurtle: "I do not recognize a logical distinction between contraception and abortion in the period before the impregnated ovum has become a viable child, and certainly not in the first weeks of growth, while it remains only partially differentiated cell tissue." The Committee also rejects these proposals because of the possible effect on the birthrate. It adds "there can be no doubt moreover that they would prove an added temptation to loose and immoral conduct-the fact that such a consequence would be likely to follow would in itself make it difficult to support any considerable relaxation of the law".

Rape

The Committee considers that any relaxation of the law would be impracticable. It may be remarked, however, that the experience of other European countries suggests the contrary.

Unlawful Carnal Knowledge

"Although it is not open to a man accused of unlawful carnal knowledge to plead consent in his defence, in practice consent is not infrequently given by the girl—in our view relaxation of the law would be a direct temptation to loose conduct among young girls." Once more Mrs. Thurtle dissents: 'I cannot agree that a girl under the age of sixteen should run the risk of penalization for life for an act which may or may not have been voluntary at an age which the State itself regards as not responsible." She might have added that only too often the child also will be penalized for life. Indeed many of the Committee's recommendations would have been better if it had remembered the Emperor Trajan's excellent rule that it is more important that the innocent should escape than that the guilty should be punished.

Eugenic Reasons

It was suggested that abortion should be made legal where the child was likely to inherit grave mental or physical disease. The Committee opposes this: "Factors which enter into the transmission of hereditary disease are very complex and it is impossible to say definitely whether the child of a given union will exhibit abnormalities." Mrs. Thurtle's view is that "the price of securing an unknown and doubtful number of healthy children from such unions would be a number of unhealthy children who might pass on their defective inheritance to an unknown and increasing number of children in succeeding generations". It is worth recalling that the Committee does not even approve the giving of contraceptive advice in such cases.

Other Recommendations—(1) Enforcement of the Law

In 1937 only 197 cases of criminal abortion came to the knowledge of the police, and of these only 65 were prosecuted. The Committee points out that the police are unlikely to hear of cases except when the woman dies. It is recommended that a magistrate be allowed to authorize a police search of suspected premises on production of prima facie evidence.

It is also recommended that certain drugs commonly used as abortifacients be included in the 4th Schedule to the Poison Rules, and that advertisements of "female pills" be prohibited.

(2) Social and Economic Measures

The Committee suggests that a scheme for the payment of family allowances would reduce the prevalence of abortion, but does not feel competent to decide whether such a scheme would be practicable. It recommends the improvement and extension of the maternity services.

The Committee's analysis of the problem is comprehensive in scope, but it is always timid, often superficial and sometimes less than candid. Its conclusions should be scrutinized with additional suspicion because of its refusal to take into adequate consideration the experiences of the many other European countries which have recently investigated the subject. It states that "it is difficult to draw positive conclusions from other countries" and that "comparison would be wholly misleading because of differences in social and economic structure". But Mrs. Thurtle is surely right when she says that social and economic conditions in European countries approximate closely to each other and that the fundamental causes which lead women to attempt abortion are common to all countries and all ages.

The recommendations in the report will clarify the law and thus ease the position of the medical profession, but it is extremely unlikely that they will materially diminish the frequency of abortion and, unless they lead to a system of family allowances, they will certainly not diminish the misery which leads to abortion. Indeed, individual happiness seems to have been beneath the notice of the Committee, perhaps because it was so much pre-occupied with individual "morality".

We hope that legislation will not be based on the conclusions of this report since the results of legislation now would almost certainly be to postpone the reconsideration of the subject by Parliament for at least another 25 years. This would be undesirable because what this report fails to recommend would be of such infinitely greater value than any of its recommendations. The most important failure is the rejection of "the only social measure which would be effective in decreasing abortion—that is one which will make universally available sound scientific contraceptive advice and instruction".

CURRENT EVENTS

THE RETIREMENT OF DR. BARRIS

It is with deep regret that we have to announce this unhappy occasion. A full appreciation of Dr. Barris's great work for the Hospital will appear in the next issue

Early in June a meeting of the Rugger Club was held in the Kanthack Library, during which a suitably engraved silver salver was presented to Dr. Barris in recognition of his service as President of that Club.

His last lecture was delivered before a full and enthusiastic house on Thursday, June 22nd, in the Medical and Surgical Theatre. Near the beginning he quoted Dr. Bruce Clarke, who when asked by a student advice as to what he should do just before an exam., said, "I should keep my bowels open and trust in the Lord". "The first part of that remark is, I think, superfluous," added Dr. Barris.

It is a journalistic crime of the worst order to play upon words, but on this occasion the temptation is too great to be resisted, because the subject of Dr. Barris's lecture was "Breech": and the breach left in the ranks of the teaching staff of the Hospital by his retirement will be a very hard one to fill.

HOUSE PARTY

On June 14th the members of the Junior Staff entertained the Senior Staff and their wives, and the Chief Assistants and their wives, if any, or fiancées. A few confirmed bachelors were present without their wives.

The majority accepted invitations, and at one period there were about two hundred people in the Abernethian Room, which had been graciously lent for the occasion.

Flowers and real electric lights—instead of the customary dead bulbs—and, particularly, the presence of the ladies, imparted an atmosphere of gaiety and conviviality which the room, in its ordinary day-to-day dress, so conspicuously lacks.

DANCING IN THE CITY

Fifteen hundred ticket-bearers at the Bart.'s Mansion House Ball on June 7th scrambled to shake hands with the Lord Mayor and Lady Mayoress. They bunched around the buffets, crowded to the cabaret, and stampeded to their suppers. The congestion reached its climax when, in the early morning, it was found that the door handle of the gentlemen's cloakroom had been removed.

As a setting for a dance the Mansion House is unequalled, with its contrasts. It was possible to pass directly from the crowded and coloured halls to the coolness of the flower-decorated porch overlooking the blue stillness of the City.

The Duke and Duchess of Gloucester were present for part of the evening—one which has given considerable help to the Rebuilding Fund. ch

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THE BARREL LETTERBOX.

The newspapers of this country were responsible for the idea that a barrel should be used to send photographs of their Majesties The King and Queen, together with their personal mail, back to England from the Empress of Australia in mid-Atlantic. On May 9th this barrel, fitted with a counter-weight underneath to keep it upright, was launched into a rough sea and picked up after some difficulty by the Repulse, at the time when it was about to turn back from its escort duty. While it was on its way to England, someone suggested that it should be utilized as a collecting-box for the Lord Mayor's Mansion House Fund. So it came about that, thanks to the kind co-operation of the Admiralty, the Commanding Officer of the Repulse forwarded it to Bart.'s when the ship came to port.

Since its arrival the barrel has done its work outside the Royal Exchange, at the Dorchester Hotel, in the private entrance to the Mansion House, and, for a very brief spell, in the Hospital Square. It was on view at the Derry Gardens during "Bart.'s week", and will return to the Hospital at the time of the Fair on July 5th, 6th and 7th.

"THE DOG IT WAS . . ."

One day, a few weeks ago, a little grey dog entered the Out-Patients' gate of the Hospital and climbed slowly up the steps through the door leading to the accident box. The porter threw him out. Then the little dog, after some thought, followed a Sprained Ankle up the steps, hoping not to be noticed in the general excitement; but nothing escapes porters, and once more he was sent flying past the lodge into Giltspur Street. The dog, however, had read something about the Importunate Widow, or Robert Bruce's Spider, because once again he returned to the attack, limping a little pathetically this time; and when he got past the door and the porter made a dive for him, he held up his paw and let out a small whimper. The porter then noticed blood trickling from it and so hesitated for a second; like a flash the animal had slipped past him and was inside the accident box, where he made straight for the Casualty House-Surgeon on duty, and held the paw up in the air. And the Casualty House-Surgeon looked at it and called a Dresser and had it bathed and bound up.



As the dog looked a bit hungry they tried to feed him with biscuits; but he would touch nothing until someone had rung up his Mistress—whose name and address were on the collar—and she had duly arrived with a car to take him home.

Meanwhile the Appeals Department had got wind of the affair and had rung up the *Daily Mirror*.

XIIth DECENNIAL CLUB

There are still a great many Bart.'s men who entered the Hospital between 1925–1935 who have subsequently qualified who have not yet joined this club. The sole function of this Club is the holding of an annual dinner at which one meets one's contemporaries and hears of the sometimes surprising fate which has befallen them.

Since the LIFE subscription is only five shillings, the matter presents no very great financial difficulties. Subscriptions should be sent to Dr. Keith Vartan, the Hon. Sec., at 10, Harley Street, W. 1, or to Mr. George Ellis at St. Bartholomew's Hospital.

A CASE OF GROSS ŒDEMA OF THE FACE

By Gordon Evans, M.B., B.S.

R. A. B—, æt. 73, a retired solicitor's clerk, came up "on duty" with a doctor's letter complaining of a swollen face, inability to see and difficulty in breathing.

To obtain a history was no easy matter. He was very deaf, being able to hear only the shouted word, and that

little discomfort, and was not greatly distressed by his appearance. He ate and slept well, could see with his remaining eye, had very little pain, and, although voice-changes had begun, had no difficulty in breathing.

Three months ago came a rapid deterioration in his condition. The swelling extended to both his left eyelids





with the left ear. His speech had undergone great change so that the sound of it seemed scarcely human; the voice, hoarse, rasping; the words indistinct and produced only with distressing effort. Lip-reading was impossible for the lips were bloated and misshapen. The patient could not see to write.

Four years previously he had been well. Then had begun a slight pain on the right side of the face. The right eye became rapidly bloodshot and the eyelids swollen, so swollen that before long the lids met and the patient could no longer see. Two years later the veins on the right cheek became visible, knotted and blue. From that time the pain eased and finally stopped, but the swelling progressed, gradually spreading down to the chin, beneath it, and slowly up the left side of the face, puffing out that cheek and distending the lips. During this time the patient apparently suffered very

so that they, too, met and shut out sight from the remaining eye. The mass beneath the chin became harder and began to press upon the trachea so that breathing became an effort, speech laborious and swallowing difficult. He noticed a loss of weight. "Nature cures" and fasting produced no improvement. He began to worry. He decided to see a doctor.

Now that, for him, was a revolutionary step. When a lad he had been told by a doctor that he was suffering from "heart disease" and would not live beyond the age of seventeen. Living, in spite of this, he had no high opinion of doctors. Now, fifty odd years later, after a full and useful life, after curing his ailments for so long by natural remedies, by fasting and herbs, by the avoidance of alcohol, tobacco and meat, he had again to come back to the medical profession and find once more a faith he had long lost; but he did so too late.

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On examination the patient's features were most repulsive and yet strangely pitiful. The accompanying photographs best illustrate his appearance. The right eye was proptosed. The swellings over it were brawny in nature, and pitted on pressure only with difficulty. Those over the left eye were much softer, pitted easily, and could be retracted to expose the eyeball. Indeed, from time to time the patient separated them himself with a thumb and forefinger, and through the small opening so formed peered with a bloodshot eye at his questioners and at the numerous people who came to see him. His sight was perfect. The left cheek and the lips were greatly swollen, but the right cheek was shrunken, much scarred and covered with a tortuous, tangled mass of thrombosed veins. The skin was purplish-red. The tissues beneath the mandible were indurated, and the glands of the neck formed a single, hard mass. A straggly growth of wiry hair over lips and chin completed the picture.

The tongue was clean and moist and protruded in the mid-line. The teeth were carious. There was no evidence of ulceration of the hard or soft palate, but there was a swelling of the roof of the mouth beneath the right maxillary antrum. Apart from his head and neck nothing abnormal was discovered.

It was evident, as his present doctor had diagnosed, that the patient was suffering from an advanced carcinoma of the maxillary antrum. Retro-orbital extensions had pushed forward the right eyeball. Obstruction of the lymphatic and venous channels had caused the cedema. Secondary deposits formed the mass in the neck which, pressing on the trachea, caused the difficulty in breathing. There was no question that the condition

was beyond surgical intervention, and the most authoritative opinion ruled out deep X-ray therapy. Nothing could be done but to send the patient back to his own doctor, and to advise symptomatic treatment in some institution such as a county infirmary.

The case is presented, not because it records any brilliant diagnosis, striking cure, or advance in knowledge, but because the patient's condition is so pitiful, and the end-result of a simple mistake made many years ago. Some doctor, believing him to have incurable heart disease, forecast his early death, and, by that faulty prognosis, set his feet on the paths of eccentricity. Life became a round of "nature cures," fasting, faddiness about food, and the man a crank. Distrust of orthodox medicine was evidently not incompatible with longevity, but led to his ultimate downfall, for, if he had still had faith in the physician, the first symptoms of disease would have taken him to the surgery door, and diagnosis and treatment would have come early.

Did that doctor, now dead, make that prognosis in good faith or was he, perhaps, in a hurry? Was his opinion based on the best knowledge of the time or was he out-of-date? Did he try to visualize the effects of his words on that particular patient or was he indifferent to them?

And we? How shall we answer those questions in fifty years' time about our patients? And whether we act in good faith or bad, what tragedies may be laid at our doors?

I wish to express my thanks to Mr. Harold Wilson for permission to publish this case, to Dr. Finzi for his opinion on treatment, and to Miss Fretter for her excellent photographs.

THE CÆSAREAN OPERATION IN 1830

ROM A Dictionary of Practical Surgery: Comprehending all the most interesting improvements, from the earliest times down to the present period. By Samuel Cooper, Surgeon to the King's Bench, the Bloomsbury Dispensary, and His Majesty's Prison of the Fleet, etc.:

"In many instances, both mother and child have lived after the Cæsarean operation, and the mother even borne children afterwards. Very recently an example has been recorded, in which Dr. Müller, of Lowenburg, in Silesia, performed the Cæsarean section, and saved both the mother and the child.

"The most extraordinary case of Cæsarean operation on record, is one performed by a negro-girl on herself, who recovered. (See New York Medical and Physical Journal, March, 1823.) Dr. Mosely mentions the case of a negro woman at Jamaica, who opened her side with a butcher's knife, and extracted a child, which died of locked jaw. The woman recovered.

"In England, the operation has been attended with remarkably ill success; and perhaps there is not one unequivocal example, in which the mother has here survived the true Cæsarean operation."

MUSICAL SOCIETY

N the evening of June 15th the Musical Society gave a Concert at Charterhouse Square.

Such an event must be realized as a milestone in the history of the Students' Union. For by this performance, as Dr. Bourne said, in his gracefully self-effacing speech, not only was a happy means of swelling the Lord Mayor's fund discovered, but the lately resurrected Society was at last able to show that medical students in this Hospital at least have not yet entirely lost the art of making music for themselves.

In times when radio and gramophone are unhappily supplanting the old nucleus of amateur musicians, this sort of activity takes on a civilizing importance which is all too rare. It is a pity so many of the Staff failed to realize this. As it was, a certain number of tickets had to be sold at reduced prices.

Mr. C. B. Gabb has reminded us in a delightfully reminiscent letter of the Concert in 1879. "The great event of the evening was 'She wore a wreath of Roses fair', sung with great éclat by Dr. Samuel West, who had a lovely tenor voice", and Dr. Walter Griffith, then resident midwifery assistant, "who even in those days had a world-wide reputation as a master of the Double Bass". After the concert the house surgeons gave a party in Mr. Gabb's rooms, "at which the pièce de résistance was a big bowl of cold Punch".

The last concert to be recorded was given in the Great Hall in 1908. It seems to have been successful, but the Society petered out till 1914, when the War interrupted renewed efforts at revival. In 1919 we hear of proposed activity under the Secretaryship of the gregarious Mr. Hilton, but nothing came of it, except spasmodic attempts at playing a few tunes at the A.D.S. Christmas Shows.

In fact this twenty-year post-war apathy has only recently been relieved by the energy and decision of Mr. Alexander Katz, to whom we are particularly indebted for rediagnosing the disease and, we hope, for curing it.

But if the past history of the Society does not bear too close an investigation, Mr. Wing's robust handling of the "Occasional Overture", which opened the programme, promised well for the future. The conductor's knife-like beat appeared particularly helpful to the orchestra, who, despite an unavoidable lack of basses, played with tremendous fire—the first trumpet being especially competent.

Mozart's "Titus" was rather more ambitious;

for Mozart, above all writers, is transparent to the slightest technical misdirections. But except for one unfortunate wandering from the original key they gave a thoughtful and convincing performance of this delightful work.

The rest of the evening was chiefly occupied by guest-soloists, whose generosity helped so much to ensure success.

Mr. Mark Raphael sung a group of Schubert and five charming settings by Roger Quilter. These last, accompanied by the composer, were sung with a sincerity that we feel must have charmed their author.

But, when thinking of Lieder, one inevitably turns to Vienna and especially to Schubert, and we were lucky in having Mr. Raphael to reveal the dramatic quality of these magnificent songs.

If his tone did not carry with very great power, this seemed unimportant beside the feeling he conveyed over the exciting modulations of "Wohin", or the fluttering triplets of "Der Linden Baum". "Sing like a Happy Man!", said that great teacher Frank Bib. Mr. Raphael certainly told us with considerable artistry when Schubert felt gay. And the accompaniments! Would not even so experienced an artist as Mr. Quilter confess he enjoyed himself?

Miss Katheleen Long has for some time been recognized as one of our leading exponents of Mozart. Her exquisite cantabile in the first movement of the E flat major Sonata did not lead us to expect the slight loss of rhythm in the Allegro. But in the Couperin and Ravel she captured us with what Harold Samuel would have called "her digital dexterity"—though it is for her compassionate rendering of Bach's organ Cantata that her performance will be chiefly remembered.

The interval brought one surprise. From the more elegant gossip in the corridor one gathered that Sammartini's reputation had been considerably enhanced by Mr. Sala's brilliant execution of Porpora's F major cello sonata.

Both are Italians of the eighteenth century— Sammartini indeed is said to have written "an incredible number of spirited and agreeable compositions" though Porpora vied with him in volume of excessively tedious opera and oratorio. Porpora was from Naples (that hot-bed of Vesuvian vice), and the greatest singing master of his day.

Certainly Mr. Sala made his cello sing for us, while in his Spanish Dance and Albeniz encore he performed e

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miracles of virtuosity. Such complete mastery of the instrument came as a special delight to most of us, who had probably never heard such first-class execution.

Finally we were pleased to listen to ten minutes of "John Beeston and his Boys". They surprised us, perhaps, with their courage and attack, but the tenors lacked the conviction necessary to balance this form of

This country has never expressed itself to any living extent by male voice ensemble. The Don Cossack Choir and Negro spirituals show the possibilities of massed male singing, and even the Hitler-Jugend on the march are an impressive "corpus". But England surely is the home of mixed voices, from which spring the madrigal and glee.

One of the attractions of the 1908 concert was the

appearance of the nursing staff both in the choir and orchestra. No less than twelve sisters are said to have taken part! Why should we now allow such talent to remain squandered among those little sound-proof cubby-holes and corridors of the Medical Block?

It is difficult to imagine how this very enjoyable performance would have taken place but for the untiring support of our President, Dr. Geoffrey Bourne, who throughout the new Society's venture has been a constant source of generosity and good counsel.

We must also thank the few outside instrumentalists who filled gaps in the orchestra, and Mr. Wing, who is to be congratulated on such an encouraging start. His help and direction have been invaluable.

The debt to John Beeston as Secretary is already too well known to merit further mention.

CONCERT

Wednesday, July 10th, 1907, at 8.30 p.m.

PART I.

" Hiawatha's Wedding Feast" Cantata

S. Coleridge-Taylor, Op. 30

PART II.

Overture (selection)	"Cavalleria Rusticana"	Mascagn
,	THE ORCHESTRA.	0

- (i) Song " In a garden quaint and old " Vinal Mr. E. R. EVANS.
- (ii) Duet "The moon has raised her lamp above " **Fules** (From the "Lily of Killarney"). Benedict Messrs. E. R. Evans and J. B. Davies.

Part Song and Orchestra "Lullaby" Elgar (From the "Bavarian Highlands").

"When the world is fair" Song Cornen NURSE HASWELL.

" Punchinella" Vernon Leftwich Song Mr. J. B. DAVIES.

" Men of Harlech" Welsh Melody Chorus THE JUNIOR STAFF.

CONCERT

Thursday, June 15th, 1939, at 8.30 p.m.

"The Occasional Overture" Handel

St. Bartholomew's Hospital Orchestra.

(a) " Im Fruhling." Songs (b) " Wohin "

Overture

"Der Linden Baum."

(d) "Der Musensohn'

MARK RAPHAEL accompanied by Roger Quilter.

(a) "Le-Tic-Toc-Choc" Pianoforte Couperin

(b) Sonata in E Flat Maj. (K282) Mozart

"Sheep may safely graze" Bach arr. Levéque Aria from Cantata 208

KATHLEEN LONG. Cello Solo Sonata Sammartine

Allegro-Grave-Allegro

ANTONI SALA accompanied by GERALD MOORE.

" Titus " Overture Mozart

ST. BARTHOLOMEW'S HOSPITAL ORCHESTRA.

(a) "It was a lover and his lass" Songs

(b) "O Mistress Mine"

(c) "Blow blow thou winter wind"

(d) "To Daisies"

(e) "Love's Philosophy"

MARK RAPHAEL accompanied by Roger Quilter.

Pianoforte (a) Valse in E minor Chobin

> (b) Nocturne in D flat maj. Op. 63 Gabriel Fauré

(c) Toccata (from "Le Tombeau de Couperin")

KATHLEEN LONG.

Bach Cello Solos Arioso " Fileuse " Dunkler Spanish Dance "Vito" Granados (0)

Popper

Antoni Sala accompanied by Gerald Moore.

Part Songs for Male Voices

(a) "Blow away the morning dew" arr. Sir Hugh Roberton (b) "As torrents in summer" Elgar

(c) "In silent night" (German Folk Song) Brahms

Orchestra conducted by HERBERT D. WING, B.Sc., A.T.C.L, Choir conducted by John Beeston,

SHOCK ASSOCIATED WITH MORBID ADHESION OF THE PLACENTA

By D. V. Morse.

A WOMAN came to the Hospital for ante-natal supervision when she was twenty weeks pregnant. She was aged 33 and married. This was her first pregnancy. Scarlet fever as a child had, so far as she knew, not affected her subsequent health; otherwise she had never had a day in bed.

She was examined and found to be a fit woman with a "roomy" pelvis. The general impression gained was that of a woman who was not particularly concerned about her condition. The Wassermann reaction was negative. She was seen regularly as an out-patient, and her pregnancy continued uneventfully until the thirty-sixth week.

At this date she developed backache, accompanied by a brown vaginal discharge. Two days later the backache became more severe and acquired a rhythmical character. The discharge at the same time became pale pink. She thought she must be going into labour and presented herself for investigation.

The degree of prematurity and the brown discharge suggested that all was not well, and on being questioned she admitted that she had not felt her baby move for more than a week. This had, however, not particularly worried her, and she could remember no accident or shock she might have suffered. She felt healthy; headaches were unknown to her. Her eyesight was excellent. She had not been sick.

Examination revealed one or two unusual points. She was undoubtedly in labour. Foetor oris was very evident, but could be more than explained by the state of her teeth, and was considered incidental. Blood-pressure was normal and there were no other signs of toxæmia.

The uterus only reached to the height of a thirty-two weeks' gestation and felt doughy. No fœtal heart could be heard, though the value of this finding was discounted by the uproar in the accident box. What appeared to be a fœtal head was felt entering the pelvic brim. By rectal examination this structure had the shape of a head, but was unusually soft.

Before the result of an X-ray was known the patient was delivered of a macerated feetus. It had clearly been dead for some time, but showed no abnormality superficially. A post-mortem examination has yet to be done.

Two hours after the end of the second stage the placenta was still lying unseparated in the uterus. The patient was in excellent condition, with a strong steady pulse of 100 and no loss of blood *per vaginam*. The uterus was contracting.

Half an hour later she was in a state of severe shock. She was distressed. Her face was pale and moist; the pulse was thready and rose to 160 per minute. The placenta was still apparently unseparated; the uterus was becoming larger and there was a small loss of fresh blood from the vagina.

It was decided that interference would no longer be meddlesome, and a manual removal of the placenta was carried out under general anæsthesia. It was found to be markedly adherent. A blood transfusion of one pint was given at the same time.

The patient's recovery was as dramatic as her collapse, the change for the better coinciding precisely with the removal of the placenta. Within half an hour the pulse was noticeably stronger, and down to 140 per minute. Within the next hour it reached 120 per minute, and her general condition enabled the patient to take a cup of tea and talk rationally. The uterus was firm and there was no loss from the vagina. The next morning the patient showed no signs of having been ill. She is having ergometrine and a prophylactic course of sulphanilamide.

The two most remarkable features of this case are (1) the death of the fœtus during a normal pregnancy in a healthy woman, and (2) the rapidity with which the patient collapsed, and subsequently recovered during the third stage.

To explain these and the subsidiary events, the hypothesis suggests itself that the placenta was at fault throughout. At about the thirty-fifth week the placenta degenerated. The fœtus was deprived of its nourishment and died. The degenerate placenta became adherent to the wall of the uterus. The onset of labour was precipitated by the death of the fœtus. After the birth of the fœtus the patient remained in good health so long as the placenta remained firmly adherent. Her collapse coincided with an enlargement of the uterus and a loss of bright blood from the vagina-in other words with the partial separation of the placenta. By this separation the toxic products of degeneration were liberated into the maternal blood-stream. Recovery of the mother commenced with the removal of the source of these toxic products.

This hypothesis has at least the merit of fastening the blame on a structure which is available for further examination.

I should like to thank Dr. Shaw for allowing me to publish this case.

PEOPLE IN GLASS HOUSES

By Isola Shun.

"YOU sucker."

It was quite a normal evening on quite a normal weekday, and I had gone to the Dispensary for some medicine. I had entered that wilderness of coloured bottles by the staff door, and observing the dispenser on duty to be busy at the far end of the room, I had resolved to wait until he was free to attend to my needs. I was leaning against the counter when quite suddenly came this rude remark. Turning in the direction whence it came I saw a large glass bowl half filled with water, and halfway up it's wall I met the stare of a rather plump, but well-built, leech.

"You sucker, it won't do you any good," he said, and with a fierce glance made it clear that he was addressing me

I was dumbfounded: was it possible that he had read the prescription which I held in my hand? The truth was that I had felt a bit seedy of late, and I had resolved to try a bottle of the self-same medicine that I had so often prescribed for the patients in the Surgery, viz. "Haust. Gent. cum Rheo": the patients always said it did them good, and I hoped it would have the same effect on me. I was therefore resentful that anyone should insinuate that I might not respond to such a panacea.

"Well, really," I retorted, "what business is it——'But the leech did not give me a chance to finish.

"Another splended example," he continued, "of how really effective your medical bluffing is. You have bluffed your patients with that stupid stuff for so long that now you have bluffed yourself. It is really very funny, hoist with your own petard, and even you know it is no earthly use."

"Begging your pardon," I replied angrily, "I submit that it does a lot of good. I admit that this may be in part a psychological effect; perhaps coloured water might in some cases have the same effect, but——"

"Well," he interrupted, "why not give them water and spend the money you would save on a good square meal for the undernourished patients, instead of wasting hundreds of pounds prescribing expensive medicines without any scientific reason for prescribing them?"

"We do not," I contradicted, not a little grieved by this animal attack on the noble profession to which I was apprenticed. It seemed as if, besides reading my prescription, he had fully perused *The Citadel*.

"Oh yes you do," he retorted, drawing himself up to his full height. "Yesterday it was prontosil, and

to-day some numerically-named drug; and both are being given with childish enthusiasm and no discrimination at all for pneumonias, 'flu, sore throats, etc., etc., making the patients feel thoroughly miserable for two days with precious little advantage to themselves."

With this last remark I felt sure he had prepared his own Waterloo, for by an astounding feat of memory I was able to recall the very words used by Dr. ———, my chief on the ward round that very afternoon. Confident of success, I tucked my thumbs behind my waistcoat, shoved my chest out, my abdomen in, and prepared to annihilate my opponent by repeating the words of wisdom of my erudite chief.

"Yer facts are wrong," I said with pursed lips, "absolutely wrong. It has been shown—without a doubt—that the drug in question can, and will, precipitate a pneumonic crisis by about two or three days. In other cases it may preclude complications which, besides having a mortality-rate of no small magnitude, are a jolly sight more distressing to the patient than a possible two-days nausea. And so we consider prescribing the drug absolutely justifiable, d'yer see?"

"Precipitate my foot," the leech answered quickly, with a supercilious expression on his insolent face. "What is a crisis? Pathologically you don't know, so what is the use of precipitating it?"

To get myself out of answering that question I was about to rebuke him for his slang and to point out that he had no feet, when another voice rent the air, this time from a sylph-like leech, who seemed anxious to overcome me by force of numbers.

"Why," he squeaked, "you don't even know the cause of half the diseases you profess to cure."

"Go and drown yourself," said the plump leech.

This unsuspected eloquence, although both unparliamentary and rather stupid since they all lived in water, had a pronounced effect, for the squeaker of a moment ago slid to the bottom of the bowl and became remarkably taciturn. Clearly my antagonist was a lord among leeches, commanding the respect of his companions. I, too, decided to give him that respect that was his due. With feminine ease I changed the subject.

"Perhaps," I suggested, inquiringly, "you have a hate-complex against our profession since it is we who cause your ultimate decease."

"Oh no," he replied, eagerly, "we regard this form of death as a great honour given to relatively few: for example, your English leeches are no use at all, and we have to be imported from abroad. There is a special heaven for hero-leeches like me, with daily rations of uncitrated gore for everyone *p.r.n.*"

"Are surgeons similarly included in your condemnation?" I asked

"Snakes, no," he replied, "they are far worse. There is a special hell designed for them; it contains herds of patients full of un-ectomized viscera all just out of reach of the prehensile tails which they quickly acquire."

"Oh noble judge, most learned judge," I exclaimed, both amazed and pleased at such sagacity.

But my elation was, like most pleasures, transitory, for his torrent of invective commenced anew.

"Don't get fresh," he said; "there will be a special hell for you medical meddlers as well, just as soon as Satan can think of something foul enough. Meanwhile, you are to be parked with the surgeons—not a bad punishment at that." At this I became irate. Would some carefully-chosen words catch him unawares? Taking up my courage with both vocal cords, I hazarded:

"I resent that, and the rest of your necrotic verbosity, you—you loquacious leech."

"Well," he retorted, "if it comes to that, I think you are a bit gangrenous yourself."

That was the last straw. All the methods I had so far tried had failed utterly to silence his acerbatious tongue. Peace-loving though I am I felt honour was at stake, and I was about to hurl his glassy home to destruction when approaching footsteps warned me that the dispenser was nearly at my side. I assumed an expression of nonchalance and showed him my prescription with feigned aplomb.

Two minutes later I was wending my circuitous way back to the Surgery. "You sucker," I mused: what confounded cheek——and of all things——from a leech.

CORRESPONDENCE

WAR INJURIES

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—The subject raised by Mr. Sinclair Loutit in your last issue seems of sufficient importance to justify this intrusion.

I worked for a year in various front-line hospitals in Spain, mainly in "Triage", where I often had to diagnose and arrange treatment and evacuation for more than 200 wounded a day. Unfortunately, the conditions under which we worked prevented any detailed note-taking, adequate neurological examinations or any form of "follow-up". The "general impressions" which I give below should therefore be treated with the greatest suspicion.

As regards head cases, I found myself faced with two problems: the correct surgical precedence of head-wounds (1) compared with other wounds, and (2) amongst themselves.

The first is part of a general problem. I was, for instance, constantly faced with the problem of deciding between a severe abdominal wound, an arterial hæmorrhage, controlled by a tourniquet, a compound fracture of the femur, and a head-wound, when there was only one free theatre. The problem is naturally complicated by the time the wounded man has waited already and his general condition, and unnaturally by the introduction of extraneous factors such as rank or technical ability.

Actually I sent the "laparotomees" and "tourniquets" in first, then the "femurs", and lastly the "heads". This order was worked out from what I saw of the effect of waiting on immediate mortality. The "heads" seemed to do badly however quickly they were operated on—but this may have been due to my inability to select certain types of head injury for immediate operation.

I have the impression that the vast majority of the head cases which I examined were in a state of "shock"—deeply unconscious and with a generalized flaccid paralysis. This, combined with the lack of "follow-up", discouraged me from attempting any differentiation. All I did was to delay operation on those whose ventricles were exposed until there was no one else waiting. Mr. Loutit's suggestions raise fresh hope, and should receive far more detailed discussion than my lack of notes permit me. I can never remember seeing this tried in any particular case, and can say little about "continuous discharge of brain-matter" as I had rarely time to see a case more than once. The "feeble pulse" cannot, I feel, be very important, as it is so often a sign of shock, for which transfusion

is such excellent treatment. The third, "carfologia sexual", seems the most hopeful. I saw it several times in severe head cases that subsequently died, but I have the impression that it only appeared after cerebral shock has passed off. I have also seen head cases die without showing it, and at least one abdominal case show it before the operation which led to his recovery. I rather suspect that it is a fairly common "sign", but that it required the blanket-shortage in Spain to demonstrate it clinically!

I saw very few head cases "on the table", and can therefore say little about cerebral cedema as opposed to cerebral injury. I should, however, imagine that they are likely to occur together.

I sincerely hope that some surgeons with experience in the Great War will find time to enlighten us on these subjects. In the meantime we can comfort ourselves in our ignorance with the fact that 90% of head wounds are caused by bullets, and that in London at any rate we shall have bombs instead!

University College Hospital. I am, etc.,
A. L. Cochrane.

LECTURES

To the Editor, 'St. Bartholomew's Hospital Journal'.

Dear Sir,—I can sympathize with you over your feelings about lectures; I am sorry that you are not so fortunate as I in being able to sleep during part of a lecture. But I disagree with your belief that the reading of books should replace compulsory attendance at lectures. To read a technical book intelligently is a great art which few possess, and books are not always either clearly written or up-to-date. I can assure you nothing is more pathetic than the examination of candidates in the final examination who have learnt their medicine from text-books. They write in papers, or they solemnly assert in the vivas, things which are indeed in text-books, but which they have never heard in the wards or in lectures. I realized, after some years of examining, what had happened. In their desire to work hard for the examination they had read their textbooks either without reflecting on what they had been taught, or perhaps thinking that the textbook was right, and their teacher at fault. I must admit that the lecturers and ward teachers have failed with these students. The good student, however, remembers his teaching in the ward and lectures, combining these with his reading, and the contrast between the two is enormous.

I agree that lectures should not be a rehash of textbooks, and a synopsis should not, I think, be given out unless it contains certain information which is not readily accessible in the current textbooks. A lecture should be an aid to the reading of textbooks, to stimulate thought, to stress what is important, and give new information which is not in the current textbooks, although it has been published in the journals for some years. You may say, sir, that this can be learnt in the wards, but you must know that the teachers in the wards depend on the material available, and according to the particular physician's bent the clerk will hear much—perhaps too much for his liking—about certain types of disease and little or nothing about other important ones. Moreover, many students never hear the teaching of all the members of the staff in the wards. It is to correct this defect of ward-teaching that systematic lectures are arranged in this college. The Boards of Studies allot the lectures to different members of the staff who have special knowledge on these subjects, so that thought may be stimulated and reading made much more profitable.

It is true that the lecturer's clerks will have heard much of the lecture before, but it is rare that more than eight lectures out of the sixty lectures of the year are given by one man.

So, sir, having given many lectures and listened with more or less interest to an infinitely greater number, I repeat that lectures should be—I do not say always are—of far greater value than the reading of textbooks by themselves.

I remain,

149, Harley Street, W. 1; June 14th, 1939.

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Ain,
Yours truly,
George Graham.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—The relative advantages of text-books are deservedly stressed in your Editorial. These are all true, I agree, but I feel that it is still true that "the platform carries more might than the Press", although the platform as compared with the Press will have perforce a restricted audience.

If we could have systematic lectures, I feel that it should be left to those members of the staff who can "put it across". In the world of commerce there is such a thing as "window-dressing"; there is a distinct place for academic window-dressing in making lectures attractive and lucid. It is known that Sir James Paget, one of Bart.'s greatest orators, would spend hours rehearsing his lectures, and M.P.'s would visit his lecture theatre to learn a few tips in public speaking. Our staff to-day, wonderfully efficient clinically, have few who could compare with Sir James oratori-

I was glad to know your desire to retain the clinical lecture: the procession of Chief and Chief Assistant and Housemen to the theatre—with the Chief unfortunately not in academic dress—is an essential feature of Hospital life. In these lectures I would repeat a plea, which I first made two years ago in the Journal, that a larger place should be given to therapeutics. Students want to know how to treat their patients; to give treatment the fag-end of a lecture, or to omit it altogether, on account of lack of

time, is not good enough. Many people can recognize cases within the limits of experimental error, but few can think out careful therapy; and surely the successful treatment of a patient is the mark of a good doctor.

I am,

Your obedient servant, J. B. Gurney Smith.

St. Bartholomew's Hospital, E.C. 1.

THE MEDICAL PEACE CAMPAIGN

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—The letter of Dr. John A. Ryle strikes a very sympathetic chord in my mind. He rightly claims that the spirit of compassionate healing oversteps the bounds which limit one country from another. It was one of my duties in the Great War to raise and command

both a casualty clearing station and a field ambulance. The one thing that impressed me more than anything else, I think, was my relationship with conscientous objectors.

There were, of course, two classes of these, the shirkers who preferred the comfort of prisons to the hardships of a campaign, but there was a large percentage of men who had such a horror of cruelty, murdering and bestiality, under whatever name it might parade, that they were willing to die themselves rather than to join in the slaughter of other men and women.

I felt it a great privilege to be able to explain to them that by joining my command they would have perfect freedom to heal and care for a German, an Austrian, or a Turk, and that it was of entire unimportance to them to what nationality a wounded or a sick man belonged.

I pointed out to them that our work was for humanity, and that humanity was not divided by uniforms or languages.

These men proved to be some of the salt of the field ambulance. They readily performed the most repulsive of duties, and gloried in the fullness of service to suffering fellow men.

Some of them won decorations in the field, and they all emphasized the truth of Dr. Ryle's claim that the spirit of healing is higher than any army shibboleth.

Later on in the War when men were being combed out to fill up the fighting units I had much correspondence with the War Office, but eventually I got the claim of those men recognized, namely, that they had enlisted relying upon my word that they should not be called upon to fight, and so to the end of the war they did fine service to their country and to humanity.

The R.A.M.C. as representing the Spirit of compassionate healing represents the spiritual transformation of the armies of the future, wherein it shall be the highest duty of men, not to kill each other and torture each other, but to heal each other and to comfort each other, and then there will be a great and lasting peace in the world

With Greetings,

8, Harley Street, S.W. 1; June 9th, 1939. Josiah Oldfield, Lt.-Col., R.A.M.C.

SPORTS NEWS

WHY AND
WHEREFORE

It is a peculiarly interesting thing to stop and ask oneself—Why do I play games? Why do I travel for nearly two hours on a Saturday, and

frequently on a Wednesday too, for so short a time of active play? After all, in the case of winter games, an hour or little more repays two hours' travel and a great while spent in waiting and changing. Why?

We have asked several people who do play games these questions and the answers have been very varied, running from pure exercise at the one end of the scale, via enjoyment of the game, the team spirit, the company, fresh air, and just something to do, to beer at the other end. Surely in addition to these assorted reasons

stand out two more, of which we should never have heard in the last century—national fitness (after all, as a profession we preach it), and the increased working efficiency of an exercised man with some interest other than work. (We seem to hear even the games players murmur—poppycock and waffle—nevertheless, it's true.)

Now, since this is headed "Why and Wherefore", let us have another question: Why is it always the same or nearly the same set of people who play games at the Hospital? Who endeavour to the best of their ability, and their income (because that's what it amounts to), to maintain the name of Bart, s as a first-class opponent in other clubs? Is it worth it, or are the members of this Medical College

only here to learn medicine and nothing else as quickly as possible, and then clear off?

All this leads us to one final question, the direct antithesis of our first: "Why not play games?" "All work and no play . . ." they say. Well "dull boys" seem to be on the increase. What are you going to do about it?

CRICKET

v. U.C.S. Old Boys, played at Chislehurst, April 29th. Result, drawn

THE HOSPITAL.

R. Heyland, b Taylor . D. J. A. Brown, lbw, b	1	M. Bates J. W. G. Evans	1	Did not
Taylor	0	C. G. Nicholson J. Craig-Cochrane	1	bat.
J. T. Robinson, not out .	17	Extras .	1	. 2
J. North, c and b Taylor .	4			
G. H. Wells-Cole, b Griffen C. T. A. James, not out	9	Total .		. 51
LICE OUD CC	. 1	. /1 1		

U.C.S. Old Boys: 146 for 2 wkts. (dec.).

The Old Boys batted first, and after two quick wickets had fallen, the succeeding batsmen had a long partnership, and found little difficulty in scoring. They eventually declared for the loss of two wickets. The Hospital started badly with Brown and Heyland soon returning to the warmth of the pavilion. The following batsmen seemed little able to cope with the bowling, except for Robinson, who was undefeated with 17 to his credit. Rain finally brought to a close a rather cold and dismal day's cricket.

v. The Rabbits C.C., played at Chislehurst, May 7th. Result, Lost by 3 wkts.

THE HOSPITAL

	-		OUL LEVEL				
R. Heyland, c Towby, Stewart		12	B. L. Walker A. J. H. Spa	fford,	b Ge	rrard	0
D. J. A. Brown, c Husk,	b		G. H. Dark	e, ht	wkt	, b	
Stewart		2	Taylor				2
G. H. Wells-Cole, c Jenkin	1-		J. Craig-Coc	hrane,	b (Ger-	
son, b Towby .		2	rard .				0
J. T. Robinson, run out		8	Extras				8
J. North, not out .		43					
M. Bates, run out .		4					
C. T. A. James, c Cutmore,		•					
b Gerrard		14	Total				95

The Rabbits C.C.: 135. (James, 5 wkts. for 54; Cochrane, 3 wkts. for 27.)

The Hospital batted first, and showed little confidence in facing the bowling. North, however, stayed long enough to show up the rest, and to give us a glimpse of his true form, being undefeated at the close of the innings. The Rabbits were also soon in difficulties against the bowling of Cochrane and James, except for Cutmore, who made a good 51. They finally passed our total for the loss of 7 wkts.

v. Brondesbury, played at Chislehurst, May 13th. Result, drawn.

THE HOSPITAL.

D. J. A. Brown, c and b Kettle R. N. Grant, b Martin . J. T. Robinson, b Martin .	24 32 8	M. Bates, not out J. F. Lucey J. Craig-Cochrane P. McA. Elder	}	Did not bat.
J. North, b Hornsby W. M. Maidlow, c Kettle,	5	Extras .		. 13
b Cook	9			
C. T. A. James, not out . G. H. Wells-Cole, lbw. b	65			
Wilkinson	2	Total (for 6 w	kta	dec) 184

Brondesbury: 165 for 5 wkts. (Cochrane, 3 wkts. for 52.)

Brown and Grant opened confidently for the Hospital and gave us a good start. The following batsmen failed to keep up the standard until James and Bates mastered the bowling, both being not out when Heyland declared. Brondesbury also started well,

the first pair putting on 82. The bowling of Cochrane and Lucey kept the following batsmen from making any dangerous attempt on our score.

v. Finchley, played at Finchley, May 4th. Result, drawn.

THE HOSPITAL.

R. Heyland, lbw, b Smith. D. J. A. Brown, b Smith. R. N. Grant, b Smith. M. Bates, c Armstead, b	1 0 22	P. G. Hill P. McA. Elder G. H. Wells-Cole C. G. Nicholson	Did not bat.		
Williams J. North, b Smith	89	J. Craig-Cochrane Extras	6		
W. M. Maidlow, not out .	32	Total (for 5 wkt	is.) . 153		

Finchley: 183 for 6 wkts. (dec.). (Elder, 5 wkts. for 38.)

The start was delayed by rain for an hour before Finchley came out to bat. After Cochrane had taken a good catch in the slips off Grant, the three succeeding batsmen found little difficulty in scoring. Elder took some useful wickets before they finally declared with 183 runs for the loss of 6 wickets. After, the rain delayed the restart, and twice interrupted play. The light was very poor, and after an early reverse, Grant, Bates and Maidlow took advantage of the slippery ball, Bates hitting up a fine 89. Under the conditions we did well to get within 30 runs of their total.

v. Hornsey, played at Chislehurst, May 20th. Result, won by 4 wkts.

THE HOSPITAL.

D. J. A. Brown, c Fleck, Clarke G. H. Wells-Cole, st, Batson R. N. Grant, not out	26 38 50	W. M. Maidlow, not out . 32 P. McA. Elder, b Batson . 4 M. Pleydell J. F. Lacey C. G. Nicholson Did not bat.
R. Heyland, b Fleck	0	Extras 17
J. North, b Batson .	7	
M. Bates, b Batson .	0	Total (for 6 wkts.) . 174

Hornsey: 160. (Elder, 3 wkts. for 36; Nicholson, 2 wkts. for

The Hospital registered their first win in this match. Hornsey batted first and scored 160 for the loss of 7 wickets. Two batsmen chiefly contributed to this score, the remainder being puzzled by Elder's dangerous leg-breaks—to quote one of the more trustworthy Sunday papers. The Hospital started well, scoring 55 for the first wicket before Brown was out. Wells-Cole and Grant continued brightly before the former was out after an eventful innings. Grant and Maidlow hit off the necessary runs, both being not out at the close, Grant making a good 50.

v. Romany, played at Chislehurst, May 21st. Result, drawn.

THE HOSPITAL.

D. J. A. Brown, lbw, b Watney 123 R. N. Grant, b Warter . 30 J. North, c Watney, b	J. T. Robinson, not out . 22 W. M. Maidlow C. T. A. James P. McA. Elder Did not bat.
Warter 13 R. Heyland, c and b Long-	Extras 5
M. Bates, not out 30 H. Gavurin, c Wells-Cole,	_
b Critchley 1 Romany: 184 for 3 wkts.	Total (for 5 wkts.) . 296

The match was played in perfect weather, and winning the toss, Heyland decided to bat. Brown and Grant had a good opening partnership, and later Heyland and Brown shared in another stand before Brown was out after making the first century of the season. Heyland batted well for his 72, and the innings was declared at a total of 295 for 5 wickets, after another stand by Bates and Robinson. The Romany started slowly, and after tea they continued in this vein, making little attempt to get the runs. The game finally petered out in an uninteresting draw.

v. Bromley, played at Bromley, May 27th. Result, lost by 5 wkts.

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THE HOSPITAL.

J. T. Robinson, b Cruik-	H. Gavurin, c Brown, b
shank 5	Hicks 32
G. H. Wells-Cole, b Cruik-	C. G. Nicholson, b Hicks . 5
shank 2	J. F. Lucey, b Reed 8
J. North, lbw, b Reed . 60	G. H. Darke, not out . I
R. N. Grant, b Reed . 33	P. Feanny, run out I
D. J. A. Brown, b Hicks . I	Extras 6
P. McA. Elder, lbw, b	
Hicks o	Total 154
Bromley: 171 for 5 wkts. (Ni	cholson, 2 wkts. for 38.)

The Hospital won the toss, and in spite of one of the usual opening batsmen being under the impression that it was an afternoon match, North chose to bat. The opening pair did not last long, but North and Grant came to the rescue with a stand of 82, North playing a captain's innings. Later, Gavurin contributed a rapid 32 before the side was all out for 154. Bromley found little difficulty in scoring the runs for the loss of 5 wickets.

v. M.C.C., played at Chislehurst, June 3rd. Result, lost by

THE H	OSPITAL.
D. J. A. Brown, b Tresawna o R. N. Grant, not out 104 J. North, lbw, b Harrington 4 M. Bates, c and b Crimp 37	J. T. Robinson, not out . 15 J. R. Simpson P. McA. Elder C. G. Nicholson Did not bat.
R. Heyland, c and b Tresawna	Extras 3
C. T. A. James, st Turnbull, b Putner	Total (for 6 wkts. dec.) 250

M.C.C.: 251 for 4 wkts. (Grant, 3 wkts. for 51.)

Heyland won the toss and decided to bat. The innings started rather disastrously with Brown bowled by the first ball of the match, and North quickly following. Grant and Bates stayed together until just before lunch, and afterwards Grant continued to score freely, with able assistance being given the other end by Heyland and Maidlow especially. Heyland made a sporting declaration at the total of 250 for 6 wickets, Grant being undefeated with an

The M.C.C. started hitting out straight away, and runs came quickly until North took a fine one-handed catch behind the stumps on the leg side. The bowling seemed to worry the batsmen little after this, and they kept well ahead of the clock, finally passing our score with a quarter of an hour to spare and only 5 wickets

v. Philanderers, played at Chislehurst, June 4th. Result,

Тне Н	OSPITAL.		
R. N. Grant, c Pawson, b Matthews 62	R. Heyland, b Reese C. T. A. James, c and	b	32
D. J. A. Brown, c Pawson,	Reese		4
b Heathcote 15	G. H. Wells-Cole, not out		4
W. M. Maidlow, c	H. Gavurin, b Reese		o
Weatherly, b Reese 22	C. G. Nicholson, not out		2
M. Bates, c Pawson, b Matthews 56	Extras		9
J. North, run out 17	Total (for 8 wkts.)		223
Philanderers: 231 for 8 wkts.	(James, 4 wkts. for 47.)		

The Philanderers batted first on a perfect wicket, and runs came rather slowly until Matthews came in. He found little assistance the other end until Robinson joined him, this partnership adding many valuable runs. They finally declared when the score was 231 for the loss of 8 wickets.

The Hospital were left with a bare two hours to make the runs, but Brown and Grant started well, making 30 in the first quarter of an hour. The rate of scoring then slowed down until Grant and Bates once again got level with the clock. After Grant was caught for an excellent 62, Heyland came in and scored a hurricane 32 in four overs. Within a quarter of an hour of the end there seemed a possibility of making the runs but Heyland and Bates soon came out, and the remaining batsmen had to throw away their wickets in a gallant attempt to make the runs before they had properly got their eyes in. And so, with the Hospital needing only 8 more runs, a very exciting and enjoyable game came to a close.

v. Leavesden Mental Hospital, played at Leavesden. June 10th. Result, lost.

THE HOSPITAL.

R. N. Grant, c Vale, b	P. McA. Elder, c Dean,	b	
Marsland 38	Watson		0
D. J. A. Brown, c Vale, b	J. F. Lucey, c Dean,	b	
Marsland 10	Watson		.3
J. North, lbw, b Watson . 21	J. R. Simpson, b Wells		0
M. Bates, st Vale, b Watson 13	G. H. Darke, not out		5
G. H. Wells-Cole, b Watson 19	Extras		7
S. R. Hewitt, lbw, b Wells. 1			
H. Gavurin, c Marsland,			
b Watson 3	Total		120
T 1 0 C 1. /	1 \		

Leavesden: 282 for 4 wkts. (dec.).

Leavesden batted first on a fast wicket, and faced the bowling of Lucey and Simpson. These two bowled very well, and were both unlucky in having at least two catches dropped off each batsman Later, however, the slips woke up, Simpson taking a good catch off Lucey; and then Hewitt started a juggling game which Simpson finished off, while Darke looked on amazed. following batsmen continued to score freely on the very fast scoring ground, and they finally declared with the total at 282, Battersby

having contributed a fine 150 not out.

The Hospital had not been batting long before Brown was caught. North and Grant then continued slowly until North was out just before tea. After tea most of the batsmen, having stayed out just before tea. After tea most of the bassmen, naving stayed a short time at the wicket, proceeded to get themselves out in some peculiar way. Wells-Cole alone showed any determination to stay there. The tail did little wagging except for Lucey and Elder, who provided spectacular catching practice for a deep-fielder.

ATHLETIC CLUB

Held at Foxbury on Saturday, June 17th, in garden-ANNUAL party weather, this meeting provided several records, a very pleasant afternoon for M. C. Dowling, and **SPORTS** a good time for one and all, with the possible exception of one or two dyspnæic unfortunates hereinafter mentioned. In addition to its above-catalogued advantages, the whole affair was a feather in the caps not only of its organizers, but to the Peerless White who had turned the cricket ground into a second White City (pun-"ha! ha!"—hollowly).

"ha! ha! "—hollowly).

"For purposes of clarity," as the books say, "let us first consider "the running in inverse order of length. This gives the "hundreds", both open and housemen's first on the list. In the heats of the open "Hundred" some very remarkable times were recorded, considering the fact that the track was on a slight upward slope. Hopes of seeing the world's all time hundred were, however, vitiated when it was announced that the track was just a little on the short side. On the lengthened track in the final, Ward came home first with Morris and D. Newcomb on his heels, and in the elders and betters, or Housemen's hundred, Peter Candler pulled a pretty 10; out of the bag to win in a hand gallop from Messrs. Darke and

In the 120 yards Handicap there were small amusements too personal and numerous to record here; suffice it to say that Macpherson charged home from the 14-yard limit amidst thunderous acclaim, winning easily from Kingston and Walters, to the metaphorical skirling of the pipes and cooing of the dumbfounded handicappers.

Here we should make mention of two races not entirely connected with the Athletic Club, but kindly provided by them, notably the Children's Race, in which the youngest daughter of Prof. Wormall, that most ardent and active supporter of Foxbury and all its doings. won a stirring contest in a canter; and also of the Visitors' Race, In this event we were given a glimpse of an old friend, George Gray to wit, who went well in the early stages, but unfortunately broke a stirrup-leather and "ran off" into the crowd. Mercifully nobody was injured.

In the "220" Ward (24% sec.) won fairly easily from Morris and Beck, who figured in an interesting "quarter", which Atkinson, who ran a great race, snatched from him in the last 20 yards; Lloyd was third, Atkinson's time being 53% sec.

The Half-mile was another handicap event, and included one or two particularly dark horses. Douglas, Gregory and Spafford all looked well in the paddock, but all but three entrants, Lloyd

(2 min.), Atkinson (2nd) and Walker failed to stay the distance, and must be included in our list of dyspnœic heroes.

Though there were only three entrants for the Mile, it was a really good race to watch, since Haile, Beck and Atkinson were the three concerned. They ran, bunched well together in this order for the first-half mile, Beck obviously going very well, and then Atkinson began to drop away, leaving the others to fight it out. Their positions were still unchanged at the bell, and it was not until the

M. C. Dowling putting up astonishing performances. Ward leaped 22 ft. $\frac{1}{2}$ in., but Dowling beat him with a 22 ft. $\frac{5}{4}$ in. jump. Now sit back and consider those figures in the light of Ward's own previous record of 21 ft. $8\frac{1}{2}$ in.! Morris was third in this rather remarkable event.

Next comes the High Jump, in which another record fell to Dowling, who out-jumped first Reinold (whose technique of making the bar bounce wildly whilst he sits watching horrified makes a pleasant



Inter-Hospitals Athletic Sports Meeting at Motspur Park, Surrey (June 23rd, 1939). G. A. Beck (Bart.'s) wins the Half Mile Final from W. J. Atkinson (Bart.'s), 2nd.

last 40 yards that Beck passed Haile to win by 4 yards, apparently without effort (time 4 min. 34½ sec.).

without effort (time 4 min. 34! sec.).

It is in the 120 yards Hurdles that we first see M. C. Dowling, who finished second to Reinold (17 sec.), who is far and away the best hurdler in the Hospital. Morris was third.

Thus by gentle stages we have reached the field events, and it was in these that the greater part of the afternoon's enjoyment lay, for here the extremes of skill and the lack of it were much more in evidence. Since the field events can be approximately divided into—

(1) throwing oneself, and

(2) throwing something else,

let us take then in that order.

In the Long Jump we had a really fine exhibition, A. I. Ward and

little tableau), and then Morris, to attain 5 ft. 91 in. Dowling's technique of putting on his sweater between jumps is an edifying spectacle, since he frequently only just manages to get it on before he takes it off again, but it gives an erroneous impression of his regard for his health since he uses the Western Roll for his jump, and appears to stare certain death squarely in the eyeball every time he crosses the bar.

In the Pole Vault Reinold again gave his celebrated bar-watching act, and pushed Shields up to 9 ft. 6 in. before the bar consistently

wobbled off instead of staying put.

Dowling raised the Discus record to 107 ft. 7\frac{1}{2} in., beating Middleton and Atkinson, but the real highlight of this event was one of Ellis's throws, which we can only describe as an ectopic, since it went (i) in the wrong direction, and (ii) only just further than its

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unfortunate projector, who apparently forgot to leave go of it until too late to avoid disaster.

Rochford won the Javelin event with a throw of 143 ft. from Ellis, who also threw very well. Kobelinsky was third. Conte Mendoza also took part, throwing on the "high-dropper" principle, which, though doubtless very efficacious when the javelin is used as a weapon of offence (falling, as we are credibly informed it does, upon the upturned face of one's enemy), does not seem to persuade the thing very far in a horizontal direction.

Now comes the last category of all—the team events. Several firms (Surgical, and Pre-clinical) were entered for the Relay Race, run in four 220-yard sections, but the Veterans' team, even though its second man, Butler, fell, and despite the speed of Ward and of Candler, won easily (albeit they received 20 yds. in every 220). It was fitting that George Dalley should breast the tape for the Veterans, since he used to be so keen a supporter of the Club.

The very last event was the final of the Tug-of-War, between Dr. Geoffrey Evans's firm and the Biologists (Medical Firms and Preclinicals, 2 teams, made up the entrants. Dr. Evans's firm (though it is to be wondered whether some of its members, especially anchor and No. 7, had ever enjoyed the honour of being members of that illustrious galaxy of talent) won in two consecutive pulls under the skilled instruction of Mr. Howkins, who may well have done his

voice a permanent injury due to his enthusiasm.

The presentation of the prizes by Mrs. Stallard bridged the gap between the Sports and a Scavange Hunt organized by the Club in a delightful manner, and the whole day was rounded off by a flannel dance, of which the less said the better chance your correspondent will have of surviving to attend this function again next

UNITED HOSPITALS'

June 3rd was a momentous day at Motspur Park—a day of sunshine and warmth, a day on which Guy's lost the

Inter-Hospitals Shield, and above all a day on which a full tug-of-war team turned out for the Hospital!

The fact that we were second with 36 points to London's 69 deserves mention if not praise; but it should be noted that the general standard of performance was higher this year than of yore, and that of sixteen events, points were gained in no less than eleven.

It seems that the sprint races are too fast for us at the moment, but in the other track events our successes were very pleasing. Who might not have run a mile to watch the mile run by G. A. Beck? It was just great, and only missed perfection by the fact that a strong wind prevented him from more than equalling his previous record of 4 min. 27'4 sec. set up last year. One wonders if Etheridge, of Guy's, could have kept his second place from J. P. Haile (not of Guy's) for more than a moment longer. Not content with this success Beck went on to repeat his double of last year by winning the half-mile too. The time in this was 2 min. 3'6 sec., including head-wind, and W. J. Atkinson, who sprinted up in grand style to finish second, was not far behind, although he also had already raced in another event, gaining third place in a fast 440 yeards.

We take off our hat to J. P. Haile, who chased Etheridge for all but a yard of three miles, leaving Beck to gain an easy third; to N. P. Shields, who came out of his shell with an enormous vault of 11 ft., which made him second to the Springbok Foord; to A. I. Ward, who sprinted for one good point, and jumped the healthy distance of 21 ft. 61 in., only to be beaten by one of these high jumpers, Kennedy; and to M. A. C. Dowling, whose discus throw fetched only one point for fourth place, although it equalled the previous record, but whose high jump of 5 ft. 10 in gained him third place in that event, in which the record was also broken.

The cake of the week goes to A. R. P. Ellis for his efforts as anchor of the tug-of-war team, which gave Guy's a very good pull, and for his throw, which was the third best in the javelin.

It has been suggested that fewer star men should be sick or crocked for next year's contest, as it is really hoped that the shield shall be returned to Bart.'s after six years of home-sickness.

GOLF CLUB United Hospitals Spring Meeting.—This event took place on Wednesday, April 19th, and was held at Worplesdon. The course and weather were simply splendid. Two rounds were played, a special prize being given for the best card (medal) returned

on one of the rounds. The event was won by Guy's Hospital. It on one of the rounds. The event was won by Guy's Hospital. It was unfortunate that Bart's was so poorly represented, only three players peing present—H. Robbins, H. Bevan Jones and W. McAleenan. However, perhaps more players will present themselves for the Autumn Meeting.

Inter-Hospitals Cup.

In the first round of the Inter-Hospitals Cup the Hospital were drawn against Middlesex Hospital. This match was played at Burnham Beeches on May 12th. It consisted of two rounds, foursomes and singles. Middlesex defeated the Hospital by winning the four foursomes and four games in the singles; three games were halved, Robbins winning the only single for the Hospital.

			Sing	les.			
H. Robbins	,		1	Dickson			0
A. Thomson			0	May .			1
A. Fraser .			0	Buchan			K
H. Bevan Jones			0	Warren Sr	nith		1
J. Cawthorne			0	Pitts .			1
W. McAleenan			1	Stumbles			- l
L. Mundy .			1	Dutton			1/2
G. Nel .		. 1	1	Hardy			101 102 182 182
			_				-
			21/2				51/2
			Fours	comes.			
A. Fraser . A. Thomson .			} 0	Dickson May .			} 1
H. Robbins .			} 0	Warren S	mith		1
H. Bevan Jones			1	Buchan			1 .
J. Cawthorne		•	0	Pitts .			1
W. McAleenan		*	1	Stumbles			1
L. Mundy .			} 0	Dutton			1
G. Nel			1	Hardy .			
			_				-
			0				4

Staff v. Students.

This match was played at Denham on Wednesday, May 24th. The weather and course were perfect, and two rounds were played after lunch, singles and foursomes. Eighteen members of the Staff ster funct, singles and fortishing.

Light time the students gave the Staff one "bisque"; on previous occasions it had been three "bisques"; even so, the Staff were victorious, winning all the "bisques"; even so, the Staff were victorious, winning all the foursomes except two, which were halved. However, they met with greater resistance in the singles, of which they won nine, the Students winning eight, one match being halved The Students wish to express their gratitude to Dr. Graham for arranging this successful meeting, and to the other members of the Staff for their kindness. It was indeed a most enjoyable day. "It is hoped that in future, the poor unfortunate Students will receive the appropriate number of 'bisques'"

number of bisques						
		Fourso	mes.			
Dr. Graham Dr. Roxburgh	ı up	1	A. Fraser . G. Nel .	:}		0
Mr. Hankey	5/4	1	R. Shooter . J. Smith .	:}		0
Mr. Harmer Dr. Harris	5/4	1	M. Harmer, jun. L. Mundy	:}	*	0
Dr. Beattie	1	0	W. McAleenan C. Fletcher .	:}	1	0
Mr. Corbett	1 up	1	J. Cawthorne H. Bevan Jones	:}		0
Dr. Wade (absent) . Dr. Patterson	1	0	P. Baldry . C. Mathes .	:}	1	0
Dr. Cochrane Dr. Bradley Watson	3/1	1	H. Morgan . T. Parkinson	:}		0
Prof. Hadfield . Mr. Hunt	2/1	1	J. Bullough . W. Boyle .	:}		0
Mr. Blackburn . Mr. Avery Jones .	5/4	I	T. Gregory . M. Golden .	:}	٠	0
		7				0

Two halved.

Singles. Dr. Graham . A. Fraser (4/3) Mr. Higgs M. Shooter (4/3) 0 Dr. Roxburgh 0 G. Nel (1 up) Dr. Harris (2/1) . Mr. Hankey (3/2) . Mr. Harmer (2/1) . L. Mundy 0 J. Smith 0 M. Harmer, jun. 0 Dr. Cochrane H. Morgan (3/2) 0 1 Dr. Beattie (1 up) . W. McAleenan 0 Dr. Wade P. Baldry (1 up) 0 Dr. Patterson (6/5) C. Mathes 0 Mr. Corbett (4/2). Sir C. Gordon-Watson $(\frac{1}{2})$ J. Cawthorne C. Fletcher (½) 0 Prof. Christie Prof. Hadfield H. Bevan Jones (4/3) J. Bullough (1 up). T. Gregory (1 up). Mr. Blackburn 0 W. Boyle 0 T. Parkinson M. Golden . One halved.

SWIMMING CLUB The season started in April with a good water-polo win at Cambridge, and although

we lost the swimming 21-23, the best performance of the day was put up by C. R. P. Sheen with a fine "double". First a win in the 220 yards, followed by a 40 yards' victory in the 440 yards, in a time only a second outside the undergraduate record for the bath.

Next week we entertained the Oxford Dolphins at St. Mary's Baths, and again the swimming was lost and the water polo won. It is doubtful if the team will play a better game this season. The marking and ball control were both excellent, and the Oxford team, while seeming to be as good as ours, were never allowed a scoring chance. K. C. Horrocks (2) and J. F. Pearce (1) were the scorers, with M. J. Greenberg in goal and G. J. Walley, as usual unsinkable, also playing well.

With these two scalps, an unbeaten league record, and a goal record up to that time of 56 goals for and only 4 against, the vital match v. St. Mary's was approached with a fair amount of confidence; but once again we failed, this time by the unexpectedly large score of 2-7. The first half was most exciting, and after Mary's had scored in the first minute, Bart.'s settled down and replied with quick goals by Pearce and Horrocks. Mary's scored a second just before half-time to draw level in a half in which Bart.'s had played every bit as well as their opponents, and might have had a lead but for a certain amount of unsteadiness in front of goal. The second half was all Mary's, and using their superior speed they swam right half was all Mary's, and using their superior speed they swall right away from their Bart.'s opponents, and left themselves plenty of time in which to shoot. This, together with our centre-forward being manœuvred out of position continually, gave Mary's five more goals without any in reply. The side lacked the determination shown a fortnight earlier against Oxford, the speed on to the man with the ball had gone—although this may have been due to the underwater tactics of our opponents—and there was also a certain looseness about the marking towards the end. The result was once again a demonstration of the fact that so long as we have not got the facilities for daily training we have much less chance of beating Mary's; for besides having this opportunity, Mary's, having their own bath, naturally will attract all the first-class young swimmers from the 'Varsities and schools.

The team which finished second in the Inter-Hospital League has been selected from the following: G. J. Walley, M. J. Greenberg, C. H. Hoskyn, L. A. McAfee, J. F. Pearce, J. A. Smith and K. C. Horrocks.

Water Polo Results

		PP LLEC	1 1 000 1	resu	1663 .			
Cambridge T	adp	oles			Away	Won	2-1	
Oxford Dolp	hins				Home	22	3-0	
Metropolitan	Poli	ice Co	ollege		Away	22	12-0	
Guy's .					Home	**	6-3	
Charing Cro	55				Away	**	11-0	
London					Home	w.o.		
Westminster					Away	Won	10-0	
U.C.H.					Away	**	12-1	
St. Thomas's					Away	22	5-3	
St Mary's					Away	Lost	0-7	

REVIEWS

Fractures and Dislocations. By JOHN HOSFORD. (H. K. Lewis & Co., Ltd.)

A book by Mr. John Hosford will always receive the careful

A book by Mr. John Hostord Will alternion of St. Bartholomew's men.

In Fractures and Dislocations he produces the first book on this subject to be written in England since Hey Groves's translations of Bohler's classic work.

The Preface disarms criticism and lightens the task of the reviewer; to quote:

"I can answer the question why has yet another book on 'Fractures' been written by saying that it is in response to the request of a number of students and recently qualified men.

An attempt has been made to produce a book which gives more practical help and detail regarding fractures than appears in the ordinary text-books of general surgery, but yet is not nearly so long as many of the complete treatises on the subject. It is hoped that by this means the book will prove of value not only to the general practitioner who has occasion to treat fractures from time to time, but also to undergraduates working for their final examination in surgery.

"Many satisfactory methods of treating fractures have been used in the past and are in use now, and no claim is made that any one method is the best; but for the sake of simplicity and to save the reader the necessity of trying the pros and cons of various methods, only one is given in the description of most of the fractures of individual bones. It must always be remembered that the good result of treating a fracture depends not one jot so much on the method used as on the individual and continued personal care and supervision that is given, guided by simple anatomical, physio-

logical and mechanical principles.
"The illustrations consist largely of untouched reproductions of skiagrams. These are used instead of the rather popular line drawings of skiagrams, because in practice one has to interpret original skiagrams and not read simple diagrams."

There can be no doubt that Mr. Hosford has produced a work which will be of enormous value both to students and practitioners. The book is short and handy and easy to read, the matter being divided into general chapters on the principles of treatment, and special chapters on the individual fractures and dislocations. Curiously enough muscular violence is omitted from the types of injury which cause fracture, and it is to be regretted that there is no chapter or section on the tissue changes which occur following a

fracture and during the process of union. The whole book is compiled from a direct personal experience in the treatment of many fractures, and throughout, the impossibility of making definite rules for what may be a variable set of circumstances is emphasized—an aspect of fracture treatment which is too often forgotten in these days of organized and routine treatment.

Aequanimitas, with Other Addresses." By Sir William Osler, Bt., M.D., F.R.S. Reprinted from the third (American) Biographical note by Sir Walter Langdon-Brown, M.D., F.R.C.P. (H. K. Lewis & Co., Ltd.) Price 7s. 6d.

There are few present-day writers who can write prose which holds the reader under a spell by the sheer music of its flow. Sir William Osler delivered his addresses to Canadian and American medical men during the closing years of last century, at a time when medical teaching was just beginning to take the form that we know to-day; it was an age when doctors were beginning to discover that they had no time to think or read outside their work. As he says, "You may find too late . . . that there is no place in your habitstricken souls for those gentler influences which make life worth living". Sir William reminds us that the fundamentals which go to living". Sir William reminds us that the fundamentals which go to make a physician have remained the same since the days of Hippocrates and Plato; he must possess, first and foremost, "the divine gift of Aequanimitas", or imperturbability, and with this must be allied "the Art of Detachment", "the Virtue of Method", "the Quality of Thoroughness", and "the Grace of Humility". The knowledge of disease and all that it entails is constantly changing: "The old order changeth, and happy those who can change with it"; but the fundamentals will remain always.

Sir Walter Langdon-Brown has written a short biography of

Sir Walter Langdon-Brown has written a short biography of this great teacher, whose wisdom everyone should study who would be a doctor, and would yet keep his soul.

In spite of repeated reprintings, the book has long been difficult to obtain, and an English reprint of the third edition is therefore very welcome at this time.

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Pye's Surgical Handicraft. Edited by Hamilton Bailey, F.R.C.S. Eleventh edition. (John Wright & Sons.) Price 215.

Many text-books are termed "practical" manuals, but few really deserve this title. Mr. Hamilton Bailey, though he uses the word deserve this title. Mr. Hamilton Bailey, though he uses the word only in the Preface and not on the cover, is to be congratulated on achieving this desirable end. In less than 500 pages there is everything that a house surgeon could wish for, including even a short treatise in his proper relations with the nursing staff! The book is notable for the clarity of the subject-matter, and more particularly of the numerous picture-diagrams, which give more valuable information than a wealth of script. In addition to sections devoted to preoperative and post-operative treatment in general and to the management of special operation cases, there are also chapters on the surgery of the rose and threat and of the eve also chapters on the surgery of the nose and throat and of the eye. Fractures, in view of their importance, are dealt with with great thoroughness.

thoroughness.

Here you will find no long descriptions of operative surgery, but you will find the possible complications and how to deal with them. You will also find how to approach a coroner, how to administer anæsthetics, and most particularly the practical side of putting on plasters and splints. There seems to be a wealth of detail in an astonishingly small compass.

A guinea may seem a lot for the size of this book; it is worth it.

Symptoms and Signs in Clinical Medicine: An Introduction to Medical Diagnosis. By E. Noble Chamberlain. Second edition. (Bristol: Wright & Sons.) Price 25s.

There is a truism that diagnosis is nine-tenths of medicine, yet there are surprisingly few books which cover this aspect of our training. Of the 90% who ploughed the M.R.C.P. examination last time the large majority "dropped bricks" over physical signs in the clinical.

in the clinical.

This book approaches diagnosis from the clinical view-point and the style is lucid and interesting.

The illustrations, photographic reproductions and type are excellent, though the portrait of the lady with mitral stenosis is somewhat Hogarthian (p. 100).

The subject-matter is well compiled and presented, but the following details may be criticized:

(i) Diminished oxygenation is held to be a cause of dyspnoea (p. 88).

(p. 88).

(ii) The lack of expansion on the side of a pneumothorax is noted, but the expanded state of the chest-wall itself is not observed. The physical signs of a long-standing A.P. with fixed mediastinum (a common case at Queen's Square) might have been included.

(iii) The result of a tourniquet test should be mentioned as a sign in hæmorrhagic states (Chapter 7).

(iv) Bradycardia and choked discs are described as symptoms of increased intracranial pressure, while raised blood-pressure

is not mentioned as a sign (p. 286).

(v) The elicitation of the consensual reflex is described without further explanation of its significance (p. 313).

The characteristic temperature charts of measles and perhaps smallpox might be included in Chapter X.

These criticisms are, however, trivial; the author has succeeded in supplying us with a book we all ought to read.

Sister-in-Charge. By H. C. Montgomerie. (Chapman & Hall.) Price 7s. 6d.

Let us quote from the publishers' note on the dust-cover: "The drama of a nurse's daily duties in a big London hospital, the clash of temperaments, the patients' affections, the secret sorrows of the disillusioned, the tug of emotions, the final way of escape . . . The frank and honest record of a noble girl's self-sacrifice, crowned at last with the fitting reward of love and happiness." Nothing

Gardiner's Handbook of Skin Diseases. By J. KINNEAR, T.D., M.D., M.R.C.P. Fourth edition. (E. & S. Livingstone.) Price 10s.

This book gives as concisely as possible a survey of a very long subject, which will be of great value to the student and the general practitioner. Many views have been much revised since the original edition written by Dr. Gardiner, in order to keep pace with modern advance. The coloured photographs by the Dufay process will particularly be of use.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

(Authors are invited to send reprints and details of their publications to the Librarian, in order to render this list as complete as

*BOURNE, GEOFFREY. "Angina of Efforts as the Only Symptom of Coronary Thrombosis." Lancet, May 20th, 1939, p. 1155.
GASK, G. E. "Gunshot Wounds of the Chest." British Medical Journal, May 20th, 1939, pp. 1043-5.
*GORDON-WATSON, SIR CHARLES. "The Diagnosis and Treatment of Cancer of the Rectum." Medical Press and Circular,

vol. cci, May 24th, 1939, pp. 492-5. HORDER, LORD. "The Control of Disease." British Medical

Journal, May 27th, 1939, pp. 1071-7.
*ROYLE, H. (WILLSON-PEPPER, J. K., and). "Progesterone and the Nasal Mucosa." British Medical Journal, May 13th,

the Nasal Mucosa. British Medical Journal, 1939, pp. 974-5.

*Scott, R. Bodley. "Sternal Puncture in the Diagnosis of Diseases of the Blood-forming Organs." Quarterly Journal of Medicine, N.S., vol. viii, April, 1939, pp. 127-72.

*Ward, E. Milford (Elphinstone, J. J., and). "Specific Gravity of the Blood in Pneumonia." Lancet, May 13th,

1939, pp. 1097-9.

* Reprints received.

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The following Degrees have been conferred: **M.D.**—Evans, W. B. **M.B.**, **B.Chir.**—Harmer, M. H.

UNIVERSITY OF LONDON Third (M.B., B.S.) Examination for Medical Degrees, May, 1939.

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* Distinguished in Medicine.

† Distinguished in Forensic Medicine and Hygiene.

Pass.—Arden, L. D., Bassett, T. H., Blanshard, T. P., Braines, F. M., Brooker, A. E. W., Butler, K. A., Cates, R. N., Dunn, D. M., Elmhirst-Baxter, E. M., Evans, E. O., Grossmark, S., Hackett, J. T. A., Hamilton, L. A. T., Hollands, F. G., Jenkins, S. T. H., Post, F., Rogers, N. C., Savidge, R. S., Shuttleworth, V. S., Swinstead, P. D., Taylor, W. N., Williams, E. H.

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BIRTHS

CAPPS.—On June 19th, 1939, at 16, Park Square East, London, N.W. 1, to Gertrud, wife of F. C. W. Capps, F.R.C.S.—a daughter. CUTHBERT.—On May 27th, 1939, at Newcastle, to "Thea", wife of Martin Cuthbert, M.R.C.S., D.P.M., of Ryhope—a daughter. DARMADY.—On May 24th, 1939, at the Old Forge, Britford, Salisbury, to Mary, wife of Dr. E. M. Darmady—a daughter.

ELLISTON.—On May 24th, 1939, at Boston, Mass, to Harriet, wife of William Arthur Elliston, F.R.C.S. (of Ipswich, Suffolk)—a son (William).

GÓMEZ.—On May 27th, 1939, to Ester Elizabeth, wife of Dr. A. GÓMEZ.—On May 27th, 1939, to Ester Elizabeth, wife of Dr. A. GÓMEZ, of 2, Ormsby Lodge, The Avenue, W. 4—a daughter. GRAHAM POLE.—On May 29th, 1939, to Doreen, wife of Richard Macvean Graham Pole, B.Sc., M.R.C.S., L.R.C.P., of High Bickington, Umberleigh, Devon—a daughter (Jane Macvean).

HODGKINSON.—On June 10th, 1939, at Grimspound, Milford-on-Sea, Hants, to Mary Stuart (Molly) (née Knox), wife of Dr. H. Ll.

Hodgkinson—a son (William Lloyd).

HUBBLE.—On June 21st, 1939, to Joan, wife of Dr. Douglas Hubble, of 18, Kedleston Road, Derby—a daughter.

JOHN.—On May 29th, 1939, at Stoke-on-Trent, to Nan (née Holden) and Charles John-a son.

and Charles John—a son.

Lesser.—On June 4th, 1939, at the London Clinic, to Joan (nee Ransom), wife of Dr. S. A. H. Lesser—a daughter.

Llewellyn.—On May 27th, 1939, at Holmcroft Nursing Home, Datchet, to Irene, wife of E. E. Llewellyn, M.D., The Corner House, Virginia Water—a daughter.

MARRIAGES

BAYNES-LOGAN.—On June 16th, 1939, at the Parish Church, Bangor, Co. Down, by the Right Rev. the Lord Bishop of Derry Bangor, Co. Down, by the Right Rev. the Lord Bishop of Derry and Raphoe, assisted by the Rev. Canon Bradley, M.A. (Rector), Trevor L. S. Baynes, M.D.(Lond.), only son of Mr. and Mrs. E. L. Baynes, of South Norwood, London, to Jean Moira, younger daughter of Mr. and Mrs. R. Logan, of Bangor, Co. Down. Berry—Holme.—On May 24th, 1939, at Fort Johnston, Nyasaland, Dr. William Thomas Charles Berry, second son of Mr. and Mrs. Charles Berry, of Tunbridge Wells, to Veronica Anne, youngest daughter of Mr. and Mrs. R. H. Holme, of 72, Kenilworth Court, S. W. 15.

BRAY—DESPREZ.—On May 22nd, 1939, in Paris, Dr. John Storey Barwick Bray, son of the late Major Geoffrey Edward Traherne Bray and Mrs. Bray, to Elise Soulbieu, youngest daughter of the late Ernest Haynes Desprez and Mrs. Edith Desprez, of London. BURKITT—BAMBRIDGE.—On June 9th, 1939, at St. Mary's, Wimbledon, Frederick Thomas Burkitt, M.D., to Kathleen, daughter of the law Mrs. E. C. Bambridge and of Mrs. Bambridge.

the late Mr. E. C. Bambridge and of Mrs. Bambridge.

HAMBLY-CADBURY .- On May 20th, 1939, at The Friends' Meeting House, Bournville, Birmingham, Edmund H. Hambly, F.R.C.S., eldest son of the late Edmund Hambly and of Mrs. Hambly, of

The White House, Port Isaac, N. Cornwall, to Elizabeth Mary Cadbury, M.R.C.S., L.R.C.P., eldest daughter of Mr. and Mrs. Henry Cadbury, of Barnes Close, Chadwich, Bromsgrove, Worcs. Joyce—Seiler.—On June 14th, 1939, at St. Joseph's, Newbury, James Barclay Joyce, son of the late James Leonard Joyce, F.R.C.S., of Reading, and Mrs. J. L. Joyce, to Hedwig Anna Maria Seiler, daughter of the late Dr. and Mrs. A. Seiler, of Riffelaln, Switzerland. Riffelalp, Switzerland.

DEATHS

Davies.—On May 30th, 1939, in hospital, the result of an accident on April 4th, Frederick Mark Davies, L.R.C.P., of 90, Rodney

Court, W. 9, aged 74.

Kemp.—On June 16th, 1939, John Harold Kemp, M.B., B.Ch.
(Camb.), of Woodchester, Horsham (late of Wellington, New Zealand).

RIGBY.—On June 17th, 1939, in London, John Charles Alexander Rigby, M.B., B.Ch.(Camb.), late of Bildeston, Suffolk, aged 68. STEEDMAN.—On June 17th, 1939, at 10, Rawlinson Road, Oxford, Percy Andrew Steedman, aged 88.

SWINFORD EDWARDS.—On May 29th, 1939, at 68, Grosvenor Street, W. 1, Frederick Swinford Edwards, F.R.C.S., Consulting Surgeon to the West London, St. Mark's and St. Peter's Hospitals, aged 86.

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